

March 22, 2006

Dr. Robert Shields  
Alfred Hospital  
Melbourne, Australia

“First do no harm” – The Hippocratic Oath

Dear Dr. Shields:

At the request of Mr. Ben Merhav, I am writing to protest the forced drugging of his daughter Rebecca at your hospital. I identify myself as a psychiatric survivor, an antipsychiatry and social justice activist, radio producer, and co-editor with Dr. Bonnie Burstow of Shrink Resistant: The Struggle Against Psychiatry in Canada (1988).

I understand you are Rebecca's treating psychiatrist. From reading Mr. Merhav's urgent international appeals of help for his daughter, it appears you are prescribing the neuroleptic Clozaril (clozapine), one of the most dangerous neuroleptics on the market today, against Rebecca's will, and threatening her with incarceration if she refuses the drug. By the way, forced treatment and blackmail constitute violations of medical ethics specifically violations of the ethical-legal principle of informed consent - human rights violations which many of us psychiatric survivors have frequently and unfortunately experienced.

As you may or may not be aware, Clozaril causes many serious neurological disorders including akathisia, tardive dyskinesia, and neuroleptic malignant syndrome (NMS) – all are indications of brain damage. According to various scientific studies during the last 20 years or longer, NMS has a 2%-3% prevalence rate and a 20%-25% death rate. Clozaril and virtually all other neuroleptics can also cause sudden death, and serious withdrawal reactions.

For your further information, I quote these alarming excerpts re Clozaril from the book Your Drug May Be Your Problem by Peter R. Breggin, M.D. and David Cohen, Ph.D.

*Clozaril has many adverse effects, including low blood pressure and a 4-5 percent rate of seizures, especially at higher doses. Although we found only one published case of TD, due to Clozaril, the FDA requires that the drug carry the standard class warning for TD. The drug's pharmacological actions are consistent with the production of this disorder. In addition, Clozaril is known to cause neuroleptic malignant syndrome, the more drastic and potentially lethal acute neurological impairment associated with neuroleptics.*

*Clozaril also poses a special danger of bone marrow suppression, which is potentially fatal. In such cases, the immune system is compromised, leading to fatal infections. Rates approach 1 out of 100 patients. Years ago, the drug was banned in some European countries because it caused so many fatalities,..Patients and families should seek immediate medical attention if a fever or other signs of infection develop during the administration of any neuroleptic drug, especially Clozaril. (1999, p.82)*

Dr. Shields, given this damning medical evidence of serious harm, how can you justify prescribing Clozaril to Rebecca or any patient? If prescribing Clozaril is for social control, this constitutes medical malpractice or professional misconduct. Although you may accuse me of being accusatory or too critical, I make no apologies since there is reason to believe that the health of one of your patients is being put at great risk by your decision to prescribe the extremely dangerous neuroleptic Clozaril..

I urge you to stop prescribing Clozaril or any other neuroleptic to Rebecca and to stop pressuring or threatening her with further incarceration, and to respect her father's serious concerns about her health and life. I am copying this letter to some of your colleagues, and other psychiatric survivor-activists. I would appreciate your reply.  
Sincerely,

Don Weitz  
co-founder, Coalition Against Psychiatric Assault  
member, Canadian Alliance for Rights in Health Care

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c: The Chief Psychiatrist, Alfred Hospital  
Professor Peter Doherty, Head of Psychiatry, Alfred Hospital  
Dr. Sally Wilkins, Chief of the Waiora Clinic  
Ms. Beth Wilson, Health Services Commissioner